

**OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710**

*Daniel J. Broderick
Federal Defender*

*Linda Harter
Chief Assistant Defender*


January 23, 2007

Mr. Hayes H. Gable
Attorney at Law
428 J Street, #350
Sacramento, CA 95814

Re: **U.S. v. Carlos Villamizar**
Cr.S-01-288-DFL

FILED

JAN 23 2007

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY  DEPUTY CLERK

Dear Mr. Gable:

This will confirm your appointment as counsel by the Honorable Edmund F. Brennan, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

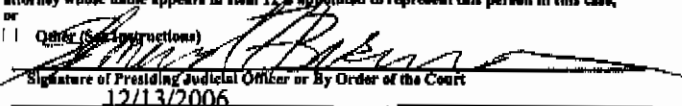
If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,


CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED Villamizar, Carlos		3. VOUCHER NUMBER																																																																																																																																																																																							
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:01-000288-002		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																																																							
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. Villamizar		8. PAYMENT CATEGORY Felony																																																																																																																																																																																							
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Probation Revocation																																																																																																																																																																																									
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1347.F -- HEALTH CARE FRAUD																																																																																																																																																																																											
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS GABLE III, HAYES H. 428 J STREET STE. #350 SACRAMENTO CA 95814 Telephone Number: _____			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court  Date of Order: 12/13/2006 None Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																								
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																																																																											
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FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5-99)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

U.S. vs. VILLAMIZAR

FOR

EDCA

AT

SACRAMENTO

LOCATION NUMBER

CAESC

PERSON REPRESENTED (Show your full name)

CARLOS VILLANIZAR

CHARGE/OFFENSE (describe if applicable & check box)

18 USC 1347 #2

☒ Felony
☐ Misdemeanor

- 1 ☐ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☒ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate

District Court

01-288DFL

Court of Appeals

ASSETS

EMPLOY-
MENTAre you now employed? ☐ Yes ☒ No ☐ Am Self Employed

Name and address of employer: _____

IF YES, how much do you
earn per month? \$ _____IF NO, give month and year of last employment
How much did you earn per month? \$ _____If married is your Spouse employed? ☐ Yes ☒ NoIF YES, how much does your
Spouse earn per month? \$ _____If a minor under age 21, what is your Parents or
Guardian's approximate monthly income? \$ _____OTHER
INCOMEHave you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☒ NoIF YES, GIVE THE AMOUNT
RECEIVED & IDENTIFY \$ _____
THE SOURCES _____

RECEIVED

SOURCES

CASH

Have you any cash on hand or money in savings or checking account ☐ Yes ☒ No IF YES, state total amount \$ _____PROP-
ERTYDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? ☐ Yes ☒ NoIF YES, GIVE THE VALUE AND \$
DESCRIBE IT _____

VALUE

DESCRIPTION

OBLIGATIONS
& DEBTS

DEPENDENTS

MARITAL STATUS

☒ SINGLE☐ MARRIED☐ WIDOWED☐ SEPARATED OR
DIVORCEDTotal
No. of
Dependents

0

List persons you actually support and your relationship to them

DEBTS &
MONTHLY
BILLS(LIST ALL CREDITORS,
INCLUDING BANKS,
LOAN COMPANIES,
CHARGE ACCOUNTS,
ETC.)APARTMENT
OR HOME:

Creditors

Total Debt

Monthly Payt.

\$

\$

\$

\$

\$

\$

\$

\$

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

1/2/19/06

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)